

EXHIBIT A

THE STATE OF TEXAS

COUNTY OF: Liberty

AFFIDAVIT

Before me, the undersigned authority, personally appeared, who being by me duly sworn, deposed as follows:

My name is Terri Frnka, RHIT, Director of the Health Information Management Department

I am of sound mind, capable of making the affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of:

CLEVELAND REGIONAL MEDICAL CENTER
300 East Crockett
Cleveland, Texas 77327

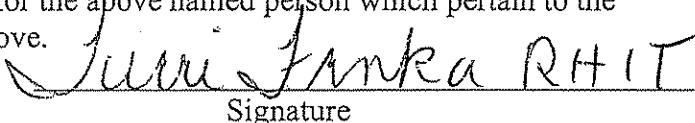
Attached here are 124 pages from the medical record of:

Client # Faith Blake
Case # 2:05-cr-258-MEF-CSC
Admission and Discharges dates: 3/01/08-3/03/08 &3/05/08

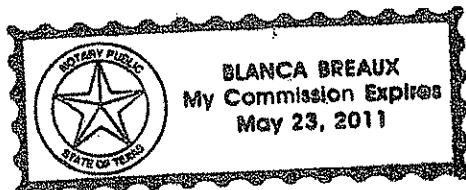
No other prior visits at Cleveland Regional Hospital under last name of Jernigan or Blake. No requested date of 3/08/08 at Cleveland Regional Hospital.

These pages of records are kept by said Hospital in the regular course of business and it was in the regular course of hospital business for an employee or representative of said Hospital, with knowledge of the act, event, condition, opinion or diagnosis recorded, to make the record or to transmit information thereof to be included in such record and the record was made at or near the time or reasonably soon thereafter.

The record attached hereto is the original or an exact duplicate of the original and no other documents exist on the files for the above named person which pertain to the admission and discharge, noted above.


Signature

SWORN TO AND SUBSCRIBED before me on this 4 day of April, 2008


Blanca Breaux
(Notary Public in and for the STATE OF TEXAS)

BLANCA BREAUX
(Printed Name)
My commission expires: May 23, 2011